REQUEST FOR PATENT FEE REFUND								
1 Date of Request: 2 Seri			ial/Patent 221855					
3 Please refund the following fee(s)		4 PAPER NUMBER		5	5 DATE FILED		6 AMOUNT	
Filing						\$		
Amendment						\$		
Extension of Time						\$		
Notice of Appeal/Appeal						\$		
Petition						\$		
Issue						\$		
Cert of Correction/Terminal Disc.						\$		
Maintenance						\$		
Assignment						\$		
Other						\$		
		7 TOTAL AMOUNT OF REFUND \$						
		8 TO BE REFUNDED BY:						
10 REASON:		Treasury Check						
Overpayment			С	red	it Dep	osit	A/C #:	
Duplicate Payment		:	9					
No Fee Due (Explanation):								
11 REFUND REQUESTED BY:								
TYPED/PRINTED NAME:			T .	ŢŢĻ	E: Date: GE/	Y / Piter		
SIGNATURE:	·		85 H	HOM	Sate: US/ LLAHDGRA — 50	60860981 9.08 Ck	PKIDWELL 141270 105218	
OFFICE:	****	. 4 4 4 4 4		.				
THIS SPACE RESERVED FOR FINANCE USE ONLY:								
APPROVED: DA							-	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B